



NMAIMH Board of Directors Meeting

Minutes - August 5, 2015

Approved as Written ✓

Date Approved: September 2, 2015

NAME	Present (in person)	Present (phone)	Not Available	NAME	Present (in person)	Present (phone)	Not Available
Directors:							
Angel Toyota-Sharpe		✓		Members Present:			
Anilla Del Fabbro	✓			Pamela Segel (End. Coord.)	✓		
Carolyn Newman			✓	Gloria Radoslovich (CDD)	✓		
Courtney Lewis			✓				
Diana Edwards		✓					
Gary Atias			✓				
Inez Ingle	✓			Guests:			
Jonetta Martinez-Pacias		✓		Marina Rabinowitz (Admin Director)	✓		
Joy Browne		✓		Connie Compton (Admin Asst)	✓		
Robin A. Wells		✓		Misty Stacy (Bookkeeper)		✓	
Ruth Ortiz		✓					
Stephen Stone	✓						
Wendy Sager-Evanson			✓				

1. A quorum being present, the meeting was called to order at 1:03 pm by Anilla Del Fabbro, President.
2. Introductions were made.
3. Changes to Agenda: There were two additions to the Agenda under New Business: Request from J. Paul Taylor Task Force, and Attendance requirements for reflective supervision groups.
4. The Board reviewed suggested corrections to the minutes of the June 3, 2015 meeting, which were originally approved at the July meeting. The majority of the corrections were typographical and grammatical. One substantive change was adopted relating to the Administrative Director’s report, by adding additional language, as follows (additional language is underlined): “Marina noted that she has been working on data collection related to NMAIMH activities (e.g., Membership, Endorsement, Reflective Consultation/Reflective Supervision, etc.) with Jacqui Van Horn and Pam Segel.”

Upon motion duly made (by Stephen Stone), seconded (by Inez Ingle), and carried, with one abstention (Robin Wells), the minutes of the June 3, 2015 meeting, as corrected, were APPROVED.

The Board then reviewed the draft minutes of the July 1, 2015 meeting.

Upon motion duly made (by Joy Browne), seconded (by Inez Ingle), and unanimously carried, the minutes of the July 1, 2015 meeting, as written, were APPROVED.

5. Treasurer's Report:

The Board reviewed the financial reports for July, 2015 (copies of which are included in the Agenda attached hereto and made a part of these minutes). Stephen Stone advised the budget is still projected to be in the black at the end of the year.

Upon motion duly made (by Robin Wells), seconded (by Diana Edwards), and unanimously carried, the financial statements for July 2015 were ACCEPTED.

6. Administrative Director's Report

Marina Rabinowiz advised that she and Courtney Lewis are continuing to work out the details for the upcoming training and cocktail reception on September 10th. She noted that she has been speaking with an event planner who suggested offering sponsorships for the event (Gold at \$3,000, Silver at \$1,000 and Bronze at \$500). She will provide the Board with a narrative to solicit sponsorships and asked that each Director send her a list of potential sponsor whom they will contact.

In addition, Marina advised the Board that the Brochure she has been working on for NMAIMH is almost complete; she is just waiting on input from a couple of people. Also, she is working on finalizing the Power Point presentations with Anilla Del Fabbro and Courtney Lewis with information on NMAIMH and the importance of Endorsement. Marina also reviewed the reports she submitted on the J. Paul Taylor Task Force Committee meetings she attended (copies of which are included in the Agenda attached hereto and made a part of these minutes.)

Lastly, Marina presented a proposed contract from the Marriott Pyramid Hotel as the venue for the event.

Upon motion duly made (by Stephen Stone), seconded (by Anilla Del Fabbro) and unanimously carried, the proposed contract from the Marriott Pyramid Hotel to serve as the venue for the training and cocktail reception on September 10, 2015 was APPROVED.

Old Business:

a. Standing Committees:

i. Executive Committee:

Anilla Del Fabbro advised that Wendy Sager-Evanson would like to step down from her position as Secretary on September 30, 2015. She further advised that Gary Atias expressed an interest in filling the position for the remainder of the year, and asked for further nominations. None were offered.

Upon motion duly made (by Inez Ingle), seconded (by Anilla Del Fabbro), and unanimously carried, the nomination of Gary Atias as Secretary of NMAIMH, effective October 1, 2015, was APPROVED.

ii. Nominating Committee:

No report at this time. It was noted that it is important to start the process of securing nominations for the 2016 election. Directors whose terms are up at the end of 2015 were asked to make a decision as soon as possible as to whether or not they wish to be nominated for another term.

b. Special Committees:

i. Training Committee

The Board reviewed the Training Committee Report (a copy of which is included in the Agenda attached hereto and made a part of these minutes). An update on the training event scheduled for September 10th, was covered under the Administrative Director's report above.

ii. Membership Committee

The Board discussed the Membership Committee report (a copy of which is included in the Agenda attached hereto and made a part of these minutes). Directors were reminded to submit content for the Newsletter to Wendy Sager-Evanson as soon as possible so that it could be distributed prior to the September 10th training event.

iii. Endorsement Committee

Inez Ingle advised that the Endorsement Committee did not meet this month, but will be meeting prior to the September Board meeting and she will have a report then. Pam Segel reviewed the endorsement table (a copy of which is included in the Agenda attached hereto and made a part of these minutes). Pam noted that there may be fewer people taking the exam in October because she found out that another large exam for social workers will take place around the same time. She further advised that Michigan is in the process of developing a way to export data from the EASy system to a spread sheet, making it easier to display specific information.

iv. Fund Development Committee

Robin Wells reviewed the information contained in the Fund Development Committee Report (a copy of which is included in the Agenda attached hereto and made a part of these minutes).

v. Website Ad Hoc Committee

The Board agreed to discontinue the Website Ad Hoc Committee, since the website is up and running and NMAIMH has contracts in place with Ultimate Solution, LLC for hosting and technical support.

c. Other Old Business:

7. Appoint Executive Committee. Since Anilla Del Fabbro took over the Presidency in July and Angel Toyota-Sharp advised that she was not interested in serving on the Executive Committee as the former President, Anilla asked for nominations, in accordance with By-Law Section 5.2. She also noted that Wendy Sager-Evanson will no longer serve on the Executive Committee once she resigns her post as Secretary on September 30, 2015.

Upon motion duly made (by Diana Edwards), seconded (by Robin Wells) and carried, with two abstentions (Stephen Stone and Inez Ingle), Joy Browne was elected to continue to serve on the Committee.

Upon motion duly made (by Anilla Del Fabbro), seconded (by Inez Ingle) and unanimously carried, Gary Atias was also elected to serve on the Executive Committee.

8. New Business:

- a. Report from Joy Browne on various Committees. Joy reviewed the information contained in her report on the following Committee meetings that she attended on behalf of NMAIMH: New Mexico Pyramid Partnership; Alliance for the Advancement for Infant Mental Health; and Early

Learning Communications and Marketing Stakeholders. Copies of her report are included in the Agenda, attached hereto and made a part of these minutes.

- b. Request from J. Paul Taylor Task force. The Task Force is asking each member agency to submit two suggestions for initiatives to be pursued in the next legislative session. Anilla Del Fabbro asked that Directors submit their suggestions to her by the end of the week.
 - c. Attendance requirement for Reflective Supervision Groups. Mary Hokom, who oversees the Reflective Supervision program, notified the Board that two of the current groups are not meeting the requirement that they have at least four members. Mary asked that the Board grant them an exception from the requirement until they can add new members. The Board agreed that the groups should continue and discussed the possibility of expanding the groups by allowing participants to call in rather than attend in person.
 - d. Announcements: None
- 9.** The next regular meeting of the Board of Directors is scheduled for Wednesday September 2, 2015 at 1:00 pm.
- 10.** There being no further business, the Meeting adjourned at 3:00 pm

Respectfully submitted by Connie Compton, Administrative Assistant

Board of Directors Meeting Agenda

August 5, 2015 (Updated 8/5/2015)

1:00 – 3:00 pm

630 Manzano St. NE, Albuquerque, NM 87110

Conference Call Number: 1-857-232-0157

Meeting Code: 399503

1. Call to order
2. Introductions
3. Review Agenda – Changes/Additions
4. Review/Accept previous BOD meeting minutes
5. Treasurer’s Report (Review Financial Statements)
6. Administrative Director’s Report
7. Old Business (Please keep committee reports brief and refer to your written reports):
 - a. Standing committee Reports
 - i. Executive Committee
 - ii. Nominating Committee
 - b. Special Committee Reports
 - i. Training Committee
 - ii. Membership Committee
 - iii. Endorsement Committee
 - iv. Fund Development Committee
 - v. Website Ad Hoc Committee
 - c. Other Old Business:
 - i. Appoint Executive Committee (Tabled at July Meeting):

Section 5.2 of the By-Laws States:
Executive Committee. The Board of Directors shall appoint an Executive Committee consisting of not less than five (5) and not more than nine (9) persons, including the officers of the corporation and such additional members of the Board of Directors as the Board may determine from time to time.
8. New Business:
 - a. Report from Joy Browne on the following Committees: New Mexico Pyramid Partnership; Alliance for the Advancement for Infant Mental Health; and Early Learning Communications and Marketing Stakeholders Meeting
 - b. Request from J. Paul Taylor Task Force
 - c. Attendance requirements for Reflective Supervision Groups
 - d. Announcements:
9. Confirm next meeting (September 2, 2015)
10. Adjourn

NMAIMH Treasurer's Report - Financial Statements

New Mexico Association for Infant Mental Health Income and Expenditure Report as of July 31, 2015				
INCOME	APPROVED BUDGET	CURRENT MONTH	YEAR TO DATE	VARIANCE
Region IX FY 2015	\$29,985	\$ 10,668.05	\$ 40,458.63	\$ (10,473.63)
Region IX FY 2016	\$25,000	\$ -	\$ -	\$ 25,000.00
Membership Dues	\$6,000	\$ 135.00	\$ 3,410.00	\$ 2,590.00
Endorsement Dues	\$5,000	\$ 380.00	\$ 3,895.00	\$ 1,105.00
Training Fees	\$6,000	\$ -	\$ -	\$ 6,000.00
Donations	\$ -	\$ 120.00	\$ 367.40	\$ (367.40)
Checking-January 1, 2015	\$56,915.00			
	\$128,900.00	\$11,303.05	\$48,131.03	\$ 23,853.97
ACCOUNT DESCRIPTION	APPROVED BUDGET	CURRENT BILLING	EXPENDED YTD	BUDGET BALANCE
Bank and PayPal Fees	\$ 400.00	\$ 21.31	\$ 132.76	\$ 267.24
Insurance	\$ 1,105.00	\$ -	\$ 1,105.00	\$ -
Licensing and Permits	\$ 150.00		\$ 35.00	\$ 115.00
Legal and Accounting	\$ 7,500.00	\$ 487.51	\$ 4,289.70	\$ 3,210.30
Telecommunications	\$ 600.00	\$ 47.58	\$ 326.99	\$ 273.01
Board and Travel Expense	\$ 4,500.00	\$ 303.24	\$ 3,085.56	\$ 1,414.44
Marketing and Advertising	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
Training Expenses	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00
RC Contract Services	\$ 18,720.00	\$ -	\$ 4,780.65	\$ 13,939.35
RC Coordination	\$ 1,680.00	\$ -	\$ 980.00	\$ 700.00
Endorsement Coordinator	\$ 23,600.00	\$ 1,820.00	\$ 15,015.00	\$ 8,585.00
Administrative Contract Services	\$ 19,185.00	\$ 941.60	\$ 8,811.44	\$ 10,373.56
Administrative Director	\$ 40,000.00	\$ 3,522.00	\$ 20,180.00	\$ 19,820.00
Professional Fees-COS	\$ 500.00	\$ -	\$ -	\$ 500.00
Miscellaneous	\$ 500.00	\$ -	\$ 400.00	\$ 100.00
Computer and Internet	\$ 1,500.00	\$ 495.00	\$ 495.00	\$ 1,005.00
Office Supplies	\$ 500.00	\$ -	\$ 862.45	\$ (362.45)
Meals and Entertainment	\$ 500.00	\$ -	\$ 406.25	\$ 93.75
	\$125,440.00	\$ 7,638.24	\$60,905.80	\$ 64,534.20

New Mexico Association for Infant Mental Health		
Balance Sheet		
as of July 31, 2015		
		Jul 31, 15
ASSETS		
Current Assets		
Checking/Savings		
	001 · NMAIMH	36,815.51
	Paypal · Paypal Account	7,340.37
	Total Checking/Savings	44,155.88
	Total Current Assets	44,155.88
	TOTAL ASSETS	44,155.88
LIABILITIES & EQUITY		
Equity		
	30000 · Opening Balance Equity	12,836.10
	32000 · Unrestricted Net Assets	44,079.83
	Net Income	-12,760.05
	Total Equity	44,155.88
	TOTAL LIABILITIES & EQUITY	44,155.88

New Mexico Association for Infant Mental Health		
Profit & Loss		
July 2015		
		Jul 15
Ordinary Income/Expense		
Income		
	0001 · Membership	135.00
	0002 · Endorsement Fees	380.00
	0003 · Donations	120.00
	0004 · Bank Interest	1.70
	0007 · Grant Income	
	00074 · Region 9 Grant(2014-2015)	10,668.05
	Total 0007 · Grant Income	10,668.05
	Total Income	11,304.75
	Gross Profit	11,304.75
Expense		
	007 · Paypal fees	17.36
	60400 · Bank Service Charges	3.95
	61700 · Computer and Internet Expenses	495.00
	66700 · Professional Fees	487.51
	66702 · Administrative Coordinator Prof	941.60
	66703 · Endorsement Coordinator Profess	1,820.00
	66705 · Administrative Director	3,522.00
	68101 · Telecommunications Expense	47.58
	68400 · Travel Expense	303.24
	Total Expense	7,638.24
	Net Ordinary Income	3,666.51
	Net Income	3,666.51

Administrative Director's Report

1. September training event status
 2. Brochure status
 3. NMAIMH Power Point Presentations status
 4. JP Taylor meeting (various committee reports)
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NMAIMH Executive Committee Report

Submitted by Anilla Del Fabbro:

1. A productive, well organized retreat was held on July 17th-thank you to all who participated. There is much work to be done.
 2. Marina Rabinowitz will continue as Administrative Director for the NMAIMH until December 31 2015
 3. The September event featuring Deb Weatherston and honoring two NM people who have contributed to IMH work-only 5 weeks left!
 4. A PowerPoint Presentation is being developed so that board members of the NMAIMH can present to various groups/agencies
 5. Wendy Sager-Evanson has indicated that she will be stepping down as Secretary as of September 30th 2015. Gary Atias has expressed interest in filling the position of Secretary as of October 1st 2015. A vote will be taken at the August 5th meeting. The Executive committee would like to recognize and thank Wendy for all her hard work
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NMAIMH Nominating Committee Report

No Report at this time

NMAIMH Training Committee Report

Submitted by Courtney Lewis:

We have accomplished the following this month toward the Deb Weatherston Training:

- Sent an announcement to FIT via Jonetta Martinez-Pacias
- Decided on the Marriot Pyramid for venue
- Decided which honorees to honor at the Cocktail Party

To do:

- Send out announcements for training
 - Create working groups for set up and tear down
 - Create advertisement booth for NMAIMH
 - Continue to pursue co-sponsors
-

NMAIMH Membership Committee Report

Submitted by Wendy-Sager Evanson

1. Remember assignment, each board member recruit 3 new members or one new agency membership by Dec. 1. If those 3 recruit one more each, we double our membership.
2. Send in suggestions for potential agency memberships. Better yet, contact them and sign them up by Dec. 1.

3. Newsletter will be created end of Aug, early Sept. What do you want in it? Send any contributions by Aug 21st. Pix are great; links to your favorite resources..... though, do we need a waiver that we are not endorsing sites just sharing personal favorites?
4. Continue to think about why you belong, why you feel others should join and what benefits we might offer....what do you personally have to share, and what do you need?

For Discussion:

- Should we send newsletter out before or after Sept training?
- We have discussed having a member survey.... what do we want to know? Perhaps we can gather info at the training- what do we want/need to know?

NMAIMH Endorsement Committee Report

The Endorsement Committee did not meet in July; they will be meeting in August, and will have a report for the September Board meeting.

Endorsement Information January-July, 2015 (submitted by Pam Segel)

New Applications	January	February	March	April	May	June	July
Level 1			1		3		1
Level 2		4	4				3
Level 3	1			1	2	2	
Level 4							1

Newly Endorsed	January	February	March	April	May	June	July
Level 1			1				
Level 2				2		1	
Level 3				4			
Level 4							

NMAIMH Fund Development Report

Submitted by Robin Wells:

Committee members (Robin Wells and Courtney Lewis) met for their previously scheduled conference call meeting on Friday, July 24th from 12:00-1:00 pm to discuss potential grant projects/proposals.

Discussion covered several topics:

- Ms. Lewis' recent contact with the president of the Doula association (DONA?) and the president's interest in having practitioners in the field receiving updated training information regarding brain development, ACEs, toxic stress, safe and nurturing parent-child relationships, etc. The president indicated that newly trained doulas were receiving this type of information; however, doulas who have been in the field for some time are in need of such training.
- Dr. Wells' contact with the secretary for Maternal Health regarding the possibility of providing training for doulas, promotoras, midwives, visiting nurses, parents(s)?, etc. and funding availability; brainstormed ideas regarding what groups to contact, what questions to ask in regard to their training needs, etc.

Ms. Lewis will continue contacting individual groups as she has started, and Dr. Wells will develop the draft proposal for Maternal Health with input from Wendy Sager-Evanson and Anilla Del Fabbro.

As the Committee members set up a tentative meeting schedule through December 2015: 7-24, 8-21, 9-25, 10-23, 11-20, and 12-18, the next meeting is scheduled for Friday, August 21st. All meetings will be via Conference Calling and will begin promptly at 12:00 pm and end at 1:00 pm.

NMAIMH Website Ad Hoc Committee

No Report at this time

New Business:

Submitted by Joy Browne -Report for the following committees for which I represent the Association:

New Mexico Pyramid Partnership

The PP is CYFD's approach to addressing socioemotional development from birth through early childhood. I represent us as one of the key contributors to the partnership. Items that are important to know:

- There is a master cadre of teachers who are providing training opportunities for understanding socioemotional development and "behavioral issues"
- Jacqui van Horn and David ____ are the lead teachers for the infant and toddler modules
- I have asked to have competencies identified that are taught in the infant and toddler modules so that people know how to document this training towards endorsement.
- I have also asked that there be "directions" for how to apply for endorsement particularly at levels I and II included in the training.
- Very soon (August application available) there will be requests for proposals for "community development", which will allow for communities to apply for funding (up to \$50K for most communities) to develop a plan for bringing communities together in support of infants, toddlers and families.
- There will be a calendar of events for statewide PP training opportunities soon.
- The next "Train the Trainer" two day session will be postponed because of a conflict.

Alliance for the Advancement for Infant Mental Health

- No meetings have been scheduled since the last board meeting, so no report is submitted.
- Trademark application can be accessed at <https://trademarks.justia.com/865/42/alliance-for-the-advancement-of-infant-mental-86542343.html>

Early Learning Communications and Marketing Stakeholders Meeting

- Purpose: to discuss next steps to launch a unified early childhood awareness campaign in the state.
- Organized by the New Mexico Race to the Top – Early Learning Challenge (RTT-ELC) Leadership Team and co-sponsored by the Early Childhood Comprehensive Systems Grant.
- Facilitated by the NC Early Childhood Foundation and Collective Action Strategies, stakeholders from state agencies, higher learning institutions, local and state wide and foundations
- Activities were to help define the purpose of the stakeholder group
- Provide input into criteria for the selection of a backbone organization
- Share existing early childhood market research conducted in NM

Submitted by Marina Rabinowitz - Various Reports on JP Taylor Task force –

JOHN PAUL TAYLOR TASKFORCE FULL COMMITTEE MEETING 06.12.15

Report of Michael Hely- Staff Attorney, Legislative HHS Committee, Legislative Service Council

HHS would like any recommendations for legislation or endorsements early and often

HHS Work Plan is not official until adopted by Legislative Council- made up of legislative leadership

p. 2 of work plan: children and families are a major focus this interim plan

LHHS Committee is interested in new CYFD Secretary strategic vision.

Another important initiative is the 3 Branches of government initiative

LHHS and Courts and Corrections committee- will hold a juvenile justice summit at UNM: comparison of Combiar and Missouri model and lessons from other states re juvenile justice model, youth diversion programs in employment (Rep. Espinoza is looking at an example- Fundacion Jesus Luz), and Sierra Blanca facility and Sequoia Lodge. Some successes and some challenges to discuss re Sequoia.

Also LHHS is looking at teen violence, services for kids at risk of abuse/neglect, early childhood programming, early childcare services, supportive housing services where a member of household has substance dependence, teen pregnancy

p. 4- LHHS is proposing to hear testimony on efficacy and availability of EPSDT services

Tentative committee hearings:

Fort Stanton, possible tour of Sierra Blanca facility- 8/24

Ruidoso, Roswell, Albuquerque, Santa Fe 10/5-11/18, but may go to Tesuque for 10/5 meeting

Sept meetings hope to include issues related to early childhood, depends on availability of agency personnel

Possible hearing time on 8/21 before Juvenile Justice Summit

Ted Allen is helping with the 8/24 Fort Stanton tour

Focused on youth diversion, youth leadership, and juvenile justice- JDAI Leadership. Interested in therapeutic model like a successful model like Cambiar.

Minutes of LHHS meeting- staff attorneys take minutes and try to keep track of questions legislators ask of agency officials for which follow up was requested

Michael Hely can be contacted by any John Paul Taylor Taskforce member with any questions

Tara Ford: white paper concept

- we submitted a well-done, thorough list of recommendations as a taskforce in the 2014 report
- Jenn Chavez from HSD invited white paper at last JPT meeting- discuss current situation we are trying to address, i.e. current state of services as we know them, big picture we'd like to see, what's a model we'd like to see, concrete steps we could take to get there
- Some specific recommendations from last year's report might have some traction and advance the ball- time to dial in
- what are some short-term recommendations that we really want to put forward to get political will around
- subcommittee structure supports a white paper outline: data, services, and system of care

Scale of problem is a concern- we have some resources but scale is a problem and how do you pay for it. What data is collected before and after. Scale of problem should be a focus

Tom Sharman is with DOH and he does a lot of mapping and analysis. He met with data committee. He does analysis of data issues by community (but not individuals).

There is already legislation authorizing DOH to be helpful as a data warehouse site.

Tom offered to answer questions if we had specific questions. He is on the data committee.

He asked us to identify one person for him to intensely train to understand data and that is Melissa Binder from ISR.

Harvey Licht is working with Tom as a consultant and also offered to help with our task force.

Chairs will get committees copy of last year's Task Force Report.

Next to a white paper, need a running log of what we need to do being now- i.e. task list.

Subcommittees should think about short-term and long-term advocacy

Funding requests should be made of LHHS as early as possible

Each committee:

- big picture, i.e. what services need to be funded
- more targeted questions around research/data/further thinking needed

We need to think about how to use students, i.e. Melissa Binder's econ student, law students, med students

Susannah Burke- Report of Subcommittee #2- Services

- Harvey Licht from DOH will map out concentration of children, distribution of services needed in those counties
- MCOs have identified those services available to children- i.e. United has identified services, but concern about how many of these services are appropriate to kids under 5
- When Centennial Care passed and value-added services were cut. Molina kept services through age 5, including case management and prevention
- FIT: services available to kids under 5. No idea how FIT services are provided per child. Andy Gaum is getting some information about services provided.
- Jonetta: Andy has submitted request to data and it's being collected
- Could be a request to find out quarterly and annually how many services are being provided for environmental risk
- HSD- behavioral health collaborative did annual report. MCOs vs. fee-for-services. What services provided to under 21 was reported for MCO's, but difficulty reporting for fee-for-service.
- Behavioral health provider can bill fee-for-service; for Molina, most fee-for-service is for Native American patients. Kate Nash from Molina manages northern region. Hesitancy on part of Native American population of moving to MCOs. One benefit is long-term care services. More tribes are convening their own parenting group and some are considering creating their own MCO. Providers get paid more for fee-for-service than MCO.
- People don't understand difference between care coordination and case management. People experiencing risk factors these roles are important. Care coordinators have many cases- level 2 or level 3. Level 1 care coordinator is doing telephonic annual risk assessment. Level 2 or 3- receives services in the home, more complex care, helping with authorizations, transportation. See in person at least quarterly. It's a lot of documentation. Successful care coordinators are experienced and well-organized b/c of level of documentation. Concern about lack of access to providers
- When we approach HSD about getting data, we need to know specific services they access and that will show gaps
- Need to be thinking about risk and not lose sight of that, and that this is why we are asking about prevention
- PB&J has been speaking with families in waiting area at Metropolitan Detention Center (MDC); spoke extensively with families aged 5 and under that had an array of services, such as addiction services, pre-school, etc. spoke to 64 families. Will ask adult MH provider, are you asking about children?
- Care coordinators are not identifying at-risk situations

- Kim Strauss asked how can we start following a child along a timeline how services are impacting a child over the long-term. Tom thinks this is a longer-term advocacy point we can work on with DOH b/c they are within confidentiality and they can de-identify data and aggregate it. Tom's office has contract with CYFD to be data warehouse and Race to the Top
- With current data, can get a sense of scope right now. Need to get encounter data from HSD and FIT, and then can move forward
- FIT: might be helpful to know under what risk factors, kids might be coming to FIT. Environmental risk assessment has ACE factors. How many children served, average number of hours per child overall for entire year and broken down by services?
- Dual kids- environmental risk plus developmental delay. For those kids, they might only opt to serve under the one that allows for services
- What are the limits that FIT places on services to at-risk kids?

Subcommittee #2- trauma-informed system of care

- Hospitals are funding assessments through well-child checks. Data shows it reduces hospitalizations. Pretty intense screen.
- Durham Connects Service. Goal is to get family to services they need- i.e. could be housing, etc. that system has been in England for years- linked to local clinic, which helps to develop relationships.
- Years ago, public health nurses were visiting newborns
- Santa Fe County has universal home visiting for all babies born at St. Vincent's – 3 visits
- Gloria can find out how many families access Families First
- There is also First Choice
- Affordable Care Act- hospitals required to do community health needs assessment. 4 nonprofit hospitals conduct health needs assessment. Presbyterian serves 9 counties- where there is a Pres hospital. Each hospital has to come up with a strategy. Available publicly on the website. Tatiana Falcon-Rodriguez can provide link re Pres- includes focus groups around high needs, which helped to develop priority areas. Assessments have to happen every 3 years
- Are communities identifying home visiting as a priority?
- Presentation by Cathy Sanchez at UNM/CDD, made a presentation on what is infant/early childhood mental health, what home visiting, made to care coordinators from BCBS. She coordinates the home visiting work group that meets monthly
- Home visiting doesn't have one clear definition
- Need to dial in on funding issues- are there ways to creatively examine whether it can be Medicaid or hospital funded, or parts of it
- Durham Connects- everyone gets that visit. A more intensive home visiting program could then be referred to. Go through the list
- What sort of accrediting bodies might be set forth to put this in as a best practice? Ass'n for Infant Mental Health endorses work force at different levels- Level 1 is home visiting; level is 4 most
- Michigan model being used by many states
- Durham Connects has been recognized as being evidence-based "promising practice"
- Could be a well-child check, could involve lactation consulting; could have it covered
- Tara Ford will be contacting Deb Daro from Durham to learn more about what they're doing.
- Up to age 3, our well-child check numbers in NM are quite high, immunizations, WIC are also a place to coordinate
- ISD offices see many at-risk families. Could be a place for some level of screening
- Schools as another gateway
- Opiate Prevention Summit- Parent Center
- Trauma-informed system- everyone needs a bit of understanding and empathy and capacity

- Health assessment includes professional development for providers. Pres has been offering different types of professional development for providers
- First responders, emergency services, law enforcement need training
- We are going to explore as a subcommittee how home visiting might become Medicaid reimbursable
- Child abuse prevention at UNM- Psychiatry has now bought out some of Susan Miller's time to do community outreach with residents
- Truancy in schools- could this be a connection; truancy includes kids watching younger kids
- Tara will send around Durham info to whole JPT

Subcommittee #4 data

- DOH has extensive maps available
- Looking at correlations and impact of service delivery at neighborhood level
- But can't track impact of services on individual families yet
- Inpatient hospitalization focus by neighborhood around diagnosis right now (will include children and families)
- DOH has access to CYFD info
- No current tracking of services to individual CYFD families
- Melissa Binder will work with Tom Sherman to understand existing data
- Kari Armijo from HSD and Tara Ford- screening numbers birth to 3 and 3-5. Her sense was that once kids are immunized, EPSDT screens are not as good in NM
- Also going to look at encounter data for MH data birth-5
- Also need to know how much is paid for different services
- Despite data-sharing agreement, there may be concerns about the provision of data and sharing of information
- Tracking outcomes for families is a big ticket ask, and may not be the best use of resources
- Can look at some short-term measures, proxy measures, encounter rates
- Perhaps subcommittee #2 (mapping committee) should make requests for data to Tom and Melissa Binder
- One of our goals as a taskforce is to support home-grown programs to move towards evidence-based- need to access data based on work they've done for the state
- Specific question going forward for Tom: is there a way for different providers trying to identify effectiveness- if they gave identifying info to DOH, could they get aggregate info i.e. rate of re-referrals?
- JPT has previously proposed for research purposes or evidence-based practices
- LFC has been able to get data, i.e. around foster care participants
- Claudia Medina was going to follow up on screening questions

Next Taskforce Meeting

- need to meet third Monday in August
- Judge Zamora will come to talk with the Taskforce in September
- Deb Darrow from Durham might present at an upcoming meeting
- Patrick Gardiner- increasingly become involved in helping states leverage policy resources to establish continuum of services, he says this is an important moment
- Brian Griesmeyer could present on some of his research
- Subcommittee #2- 7/13- Monday from 10am-noon at South Valley PB&J
- Subcommittee #3- will schedule around Durham program representatives availability
- Subcommittee #4- Tara will circulate doodle poll

**JPT Task Force Data Committee Meeting
July 2015**

Several JPT Task Force members attended the data training with DOH on July 8, 2015.

Tara and Melissa had a follow up discussion to set forth committee goals:

DOH data does not track individual families through the system to document impact of particular services on particular families.

DOH data does allow us to create a map of risk factors and an overlapping map of services

DOH has infant mental health and fit data

There needs to be ongoing commitment to provide data for assessment of what services are provided. In the past the task force has considered county health councils and LFC as organizations to obtain data. However, DOH is already empowered by state statute to obtain data and to protect confidentiality. Because DOH has limited resources, we may need to find ways to enable others outside of DOH to access their data for research/accountability purposes.

While there is a perception that at-risk children do not receive services in a systematic way, some of the data may need to be carefully analyzed to figure out why families are not receiving needed services. For example, NM EPSDT screen numbers may look relatively high; however, there is no current way to track whether socio-emotional domains are being considered in our screening process. Similarly, some high risk communities may have significant resources (e.g. Grant County) but may need further investigation to determine why outcomes are not improving. Overarching issue: What question do we want answered?

NM needs commitment from each department serving children and families to bring together data people to identify what data is available about needs and services and how to share it. In addition, there needs to be a mandate that information obtained be reported annually.

Barbara Needles has worked hard in CA to develop a systematic way to share data that relates to preventing child abuse and neglect. Melissa is going to contact her to see if she would be willing to come present to the JPT Task Force.

REPORT TO JOHN PAUL TAYLOR TASK FORCE
Conference call with Family Connects and First 5 LA

Deborah Daro	http://www.chapinhall.org/experts/deborah-daro
Robert Murphy	http://psychiatry.duke.edu/faculty/details/0333858
Ben Goodman	https://childandfamilypolicy.duke.edu/people/profile/ben.goodman
Diana Careaga	http://www.first5la.org/
Allison Wallin	http://www.first5la.org/

Tara Ford, Susannah Burke, Jesse Leinfleder, Michael Weinberg participated in a call with Family Connects and First 5 LA in order to get some background information on both programs and to prepare for presentation about the programs to the larger Task Force.

The following notes are being provided to JPT task force members to assist them in preparing questions for Family Connects and First 5 LA as both programs have graciously agreed to telephonically participate in the JPT task force meeting on Monday June 20, 2015.

Key findings of the programs:

1. A universal approach to assessing families is key to developing a system that reaches families:
 1. We don't have history of success getting targeted resources to most underserved families (old approach doesn't work)
 2. Early assessment of all families is efficient – gets the right services to families based on actual need
 3. All families need help with new babies, connecting families to resources is a universal need and stigma unwarranted (old approach not based on right assumptions -- not true only some families need connections).
2. There has to be a backbone service in the system of care.

Family Connects

1. Aim was to develop a preventive system of care, with focus on the health and wellbeing of the families with young children in the full community
2. Required leadership to commit to aligning resources
3. Required commitment and effort to coordinate services
4. Realized early on that without a universal focus, no progress was being made in developing a real system of care
5. Research demonstrates impact and cost savings of the model
6. Family Connects functions as the sorting hat – connecting families to services based on assessment of strengths, needs and risks.
7. Once the backbone is in place, there has to be ongoing assessment of community needs and community capacity.
8. Follow up with families is critical to success, with follow up in 4 weeks to see if families connected with referrals.
9. Family Connects has limited community worker support to help with connections but very cautious of not blending into a case management service.

10. Primary professionals are registered nurses. Durham program started through public health department, but now moved to non-profit administration primarily to be able to act more quickly on issues like hiring.
 - i. Program can be administered through multiple organizational settings including a community non-profit (Durham, NC), a public health department (eastern NC), or a health care system (Scott Co., Iowa).
11. Initial nurse visit occurs 2-3 weeks after birth and is 2 hours with a semi structured assessment. The assessment covers:
 - i. Mother and child health
 - ii. Parenting
 - iii. Household needs and safety
 - iv. Maternal wellbeing
12. Referrals are made based on assessment results.
13. Nurses can make 1-2 follow-up home visits to conduct additional assessment, provide intervention, or support connections to community resources.
14. Funded through a variety of sources, including 1) foundation support, county support, and Medicaid (Durham, NC); 2) NC Race to the Top grant (eastern NC); 3) health care system funding (Scott Co., Iowa).

First 5 LA

1. First 5 LA (F5LA) is an early childhood advocate working collaboratively across L.A. County that was created in 1998 to invest L.A. County's allocation of funds from California's Proposition 10 tobacco tax.
2. One area of focus has been in developing a system of home visiting services that triages families based on level of need into program with appropriate level of service.
3. Network includes two direct service programs funded solely by F5LA: Welcome Baby and evidenced-based home visiting programs
4. Welcome Baby:
 - i. Conceptualized as a light touch home visiting model with home- and hospital-based visits with up to 9 engagement points: 3 prenatal, 1 hospital visit after delivery, and 5 postpartum.
 - ii. Hospital Visit includes a universal risk assessment.
 1. Based on level of need, families continue in Welcome Baby or are referred into an evidence based home visiting program
 2. Risk assessment tool takes into account factors such as: demographic information, history or presence of domestic violence, trauma, substance abuse, homelessness, family support, and mother and infant health.
 - iii. Welcome Baby is implemented in partnership with hospitals, who are a key partner in the program. Hospitals provide access to hard to reach families often not identified/found during typical outreach efforts.
 - iv. Expansion has been very fast. From 1 Pilot site begun in 2009, the program was expanded to 14 additional sites between 2012 to present.
 - v. Families receive referrals based on needs
 - vi. Additional assessments include: maternal depression screen at every engagement point (PHQ); Ages and Stages Questionnaire (ASQ) at 3-4 and 9 months

- vii. Welcome Baby staffing structure:
 - 1. Families come into contact with up to 3 staff: Parent Coaches (BA level) conduct prenatal and postpartum home visits; Hospital Liaison (BA level) provide hospital-based visit after delivery; RN provides postpartum home visit within a week of hospital discharge;
 - 2. Have sought RNs who are bilingual and have a public health approach.
 - viii. Sustainability for Welcome Baby:
 - 1. Pilot testing reimbursement levels from Medi-Cal Administrative Activities (MAA); will conduct a randomized clinical trial of WB to demonstrate outcomes; exploring feasibility of Pay For Success model.
5. Evidence-based programs:
- i. F5LA funds 3 models: Healthy Families America, Parents As Teachers, and Positive Parenting Program (Triple P).
 - ii. Only access to home visiting programs is through the Welcome Baby program and the risk assessment conducted at the hospital visit.